

DEC 20 2006

VIA FACSIMILE: 1-571-273-8300

Atty. Docket No. GEN10 P-453

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Examiner	:	Prabodh M. Dharja
Group Art Unit	:	2673
Appln. No.	:	10/775,434
Filing Date	:	February 10, 2004
Applicants	:	John K. Roberts et al.
For	:	VEHICLE INFORMATION DISPLAYS
Confirmation No.	:	9417

Mail Stop After-Final  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

Dear Sir:

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following papers are being transmitted by facsimile to the Patent and Trademark Office on the date shown below:

1. Amendment
2. Claims as Amended Form

YOU SHOULD RECEIVE A TOTAL OF 14 PAGES.

12/20/06  
Date

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DEC 20 2006

Attorney Docket No. GEN10 P-453

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Examiner : Prabodh M. Dharja  
 Group Art Unit : 2673  
 Appln. No. : 10/775,434  
 Filing Date : February 10, 2004  
 Applicants : John K. Roberts et al.  
 For : VEHICLE INFORMATION DISPLAYS  
 Confirmation No. : 9417

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 Alexandria, Virginia 22313-1450

Dear Sir:

Transmitted herewith is an Amendment in the above-identified application.

Any fee for additional claims has been calculated as shown below:

CLAIMS AS AMENDED

	Col. 1		Col. 2	Col. 3	Small Entity		Other Than A Small Entity	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Add'l Fee	Rate	Add'l Fee
Total Claims	*21	Minus	**30	=00	x \$25	\$00	x \$50	\$ 00
Independent Claims	*8	Minus	**10	=00	x \$100	\$00	x \$200	\$ 00
First Presentation of Multiple Dependent Claims \$180						\$00	x \$360	\$00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$00		\$000

- \* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- \*\* If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- \*\*\* If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

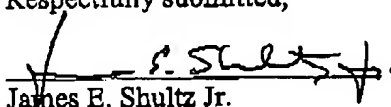
*Attorney Docket No. GEN10 P-453*

\*\*\*\* The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

1. \_\_\_\_\_ Small entity status of this application 37 CFR §§ 1.9 and 1.27 has been established by a verified statement previously submitted or is enclosed.
2. \_\_\_\_\_ No additional fee is required.
3. \_\_\_\_\_ A check in the amount of \$\_\_\_\_\_ is enclosed.
4. \_\_\_\_\_ Charge Terminal Disclaimer Fee under 37 CFR 1.20(d) in the amount of \_\_\_\_\_ to Deposit Account 07-1070.
5. ☒ Please charge all fees or credit overpayment to Deposit Account No. 07-1070. A duplicate of this sheet is attached.

Date: December 20, 2006

Respectfully submitted,

  
James E. Shultz Jr.  
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*Attorney Docket No. GEN10 P-453*

\*\*\*\* The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

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2. ☐ No additional fee is required.
3. ☐ A check in the amount of \$        is enclosed.
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Respectfully submitted,

Date: December 20, 2006

James E. Shultz Jr.

Registration No. 50,511

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Sir:

**AMENDMENT**

In response to the Office Action dated October 23, 2006 the Applicant offers the following response:

Please amend the above-identified application as follows:

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks** begin on page 9 of this paper.

**Amendments to the Claims:**

This listing of claims will replace all prior versions, and listings, of claims in the application.